**Change Request Form**

This form should be used by a party who wishes to raise a draft or a formal Change Proposal.

Please complete this form and submit to all relevant party.

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| Document Control | |
| CR Type: | Operational |
| CR Status: | Draft |
| For Issue To: | Experian |
| CR Number\*: | TRAS \*\*\* |
| Date Raised: | 06 August 2019 |
| Title of Change: | Specific Outcome Code of ‘No Theft – Faulty Meter’ |
| Is there a Contract Change Required? | No |
| Impacted TRAS Contract Clause: | No |
| Version Number: | 0.1 |
| Attachments: | None |

\* Assigned by Change Control Administrator

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| Originator details | |
| Party Name | ElectraLink |
| Party Change Administrator: | Austin Gash |
| Telephone number: | 020 7432 3008 |
| Email address: | Austin.Gash@electralink.co.uk |

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| CP Details | |
| SPAA and DCUSA Parties believed to be impacted: |  |
| Summary of Change: | This CCN seeks to review the list of outcome codes within the TRAS.  The TRAM Review Group was established as a sub-committee of the TRAS Expert Group to review the Theft Risk Assessment Methodology residential and commercial consumption models and prepare a report recommending potential improvements.  One of the objectives of group was to review the responses to the Request for Information (RFI) regarding suggestions on how to further enhance the TRAM and the scorecards produced by Experian.  One of the parties who provided a response to the RFI raised a comment regarding faulty meters. It was questioned whether information on meter faults is passed to the TRAS, as the fault could result in a Qualified Outlier un-necessarily. It was noted that until a meter is visited it might not be established that it is faulty. The group agreed that having a specific outcome code of ‘No Theft – Faulty Meter’ would be beneficial.  At the June TIG it was agreed to include extra investigation codes within the TRAS Programming Manual. |
| Related CRs:  Please indicate if this CP is related to or impacts any other CP already in the SPAA and DCUSA or other industry Change Process |  |

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| Proposed Solution: |
| For Experian to include the additional Investigation Code to the TRAS Programming Manual as an optional item:  Current ‘Fixed list of Investigation Codes’: A – Not Started / B – Under Investigation / C – Confirmed Theft / U – Unproven Suspicion of Theft / N- No Theft / L – No Longer Supplied  Suggested additions received:   * F – No Theft/Faulty Meter |

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| Impact Assessment |
| Please provide an Impact Assessment including details of the impact of the proposed change on the TRAS service, the Service Provider's ability to meet its other contractual obligations and any variation to the terms of the TRAS Contract that will be required in relation to (where applicable):   1. **the Service Description and the Service Levels;** 2. **the format of Recipient Data;** 3. **the Milestones and any other timetable previously agreed by the parties;** 4. **other services provided by third party contractors to the Recipients, including any changes required by the proposed change to SPAA and DCUSA's IT infrastructure;** 5. **details of Service Provider fees of implementing the proposed change;** 6. **details of the ongoing Service Provider fees required by the proposed change when implemented, including any increase or decrease in the TRAS Charges, any alteration in the resources and/or expenditure required by either party and any alteration to the working practices of either party;** 7. **a timetable for the implementation, together with any proposals for the testing of the change;** 8. **details of how the proposed change will be compliant with an applicable Change in Law;** 9. **other impacts identified by the TRAS Service Provider; and** 10. **such other information** |

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| Proposed Implementation Date: |
| Month: Year:  Other (please give reasons): |
| **Actual Implementation Date** |
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| Business Justification for change: |
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| **CR NO.: TRAS \*\*\*** | **TITLE:** Specific Outcome Code of ‘No Theft – Faulty Meter’ | **DATE RAISED: 06/08/19** |
| **PROJECT:** | **TYPE OF CHANGE: Operational** | **REQUIRED BY DATE:** [dd/mm/yy] |
| **KEY MILESTONE DATE:** [if any] | | |
| **DETAILED DESCRIPTION OF CONTRACT CHANGE FOR WHICH IMPACT ASSESSMENT IS BEING PREPARED AND DETAILS OF ANY RELATED CONTRACT CHANGES:** | | |
| **PROPOSED ADJUSTMENT TO THE CHARGES RESULTING FROM THE CONTRACT CHANGE:** | | |
| **DETAILS OF PROPOSED ONE-OFF ADDITIONAL CHARGES AND MEANS FOR DETERMINING THESE (E.G. FIXED PRICE OR COST-PLUS BASIS):** | | |

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| SIGNED ON BEHALF OF DCUSA | | SIGNED ON BEHALF OF SPAA | |
| Signature: |  | Signature: |  |
| Name: |  | Name: |  |
| Position: |  | Position: |  |
| Date: |  | Date: |  |
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| **SIGNED ON BEHALF OF SERVICE PROVIDER** | |
| Signature: |  |
| Name: |  |
| Position: |  |
| Date: |  |